04-19-05

PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 01/19/2005								
DELPHI TECHNOLOGIES, INC.					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
M/C 480-410-202								
5825 DELPHI DRIVE								
TROY, MI 48098-2815								
	:		Sus	an brist	(Depositor's name)			
					<	000	(Signature)	
EV 312957715			S ;			4-	18-05 (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/802,222	03/17/2004		Aleksander B.	Нас		DP-311189 7500/258	00831 10802222	
TITLE OF INVENTION: O	PERATING A VEHICLE C	ONTROL SYSTE	м	į	04/20/2005	5 Demmanu2 00000024 50	00831 10802222	
· · · · · · · · · · · · · · · · · · ·	Bidirii (Gir (Biliobb e	ONTROD DIDIL			01 FC:1501	1400.00 DA		
•			02 FC:150 03 FC:800		300.00 DA			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
. nonprovisional	NO	\$1400	\$300		\$1700	04/19/2005		
						1		
EXAMINER		ART UNIT		CLASS-SUBCLASS				
CAMBY, RICHARD M		3661		701-070000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front pa							nal D. c.	
,	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspond Address form PTO/SB/12								
"Fee Address" indicat	ation form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
			•	** /	nt. If an assigne	ee is identified below, the d	document has been filed for	
(A) NAME OF ASSIGNI	B) RESIDENCE: (CITY and STATE OR COUNTRY)							
DELPHI TECHNOLOGIES, INC.			TROY MICH					
DELPHI TECHNOLOGIES, INC. TROY, MICHIGAN								
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are	4b	4b. Payment of Fee(s):						
Issue Fee			A check in the amount of the fee(s) is enclosed.					
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 5 (enclose an extra copy of this form).					
§. Change in Entity Status	(from status indicated about	<u> </u>	beposit Account i	vuilibei		(chelose all extra e	opy of uns form).	
	MALL ENTITY status. See	•	☐ b. Applicant is	no longer	claiming SMAI	L ENTITY status. See 37 C	CFR 1.27(g)(2).	
The Director of the USPTO								
NOTE: The Issue Fee and Puinterest as shown by the reco	ublication Fee (if required) v	will not be accepted	l from anyone othe	r than the a	pplicant; a regi	stered attorney or agent; or t	he assignee or other party in	
				Y-18-DC				
Authorized Signature					Date	[6 00		
Typed or printed name Susar 6 ruskay Registration No.								
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sl nia 22313-1450. DO NOT	177 and 37 CER :	I IA This collection	n ic actima	ted to take 12 n	ninutes to complete, includi	na anthorina nuonovina and	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.